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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/828845 - USP 7072977
Filing Date	April 10, 2001
First Named Inventor	Bernard, G. G.
Art Unit	
Examiner Name	
Attorney Docket Number	09813970-1013

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number: 26263

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

26263

**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Nina Laserson Dunn, <i>Secretary</i>		
Date	January 9, 2007	Telephone	973-898-1500

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: DRS CODEM SYSTEMS, INC.Application No./Patent No.: 7072977Filed/Issue Date: JULY 4, 2006Entitled: METHOD AND APPARATUS FOR CREATING LINKS TO EXTEND A NETWORKDRS CODEM SYSTEMS, INC., a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel       , Frame       , or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: BERNARD, G. G. To: CODEM SYSTEMS, INC.  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel 011724, Frame 0395, or for which a copy thereof is attached.

2. From: CODEM SYSTEMS, INC. To: DRS CODEM SYSTEMS, INC.  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel 020031, Frame 0970, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
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Additional documents in the chain of title are listed on a supplemental sheet.

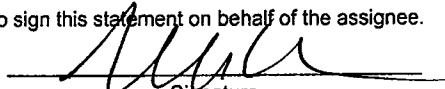
Copies of assignments or other documents in the chain of title are attached.

**[NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.



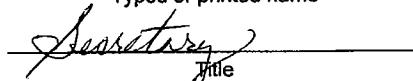
Date



Signature

Nina Laserson Dunn

Typed or printed name



Title